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ABSTRACT

A program of behavioral procedures for the self-management of social-effectiveness skills was evaluated within the context of a university course on principles of behavior self-modification. Sixteen students received training and direction in conducting seven-week self-modification projects focusing either on improving skills of interpersonal assertion or of social involvement, while 14 other students with comparable social-effectiveness goals represented controls whose projects focused instead either on improving habit responses or phobic reactions. Compared to control subjects, self-modification subjects showed substantially greater increases in social-effectiveness skills and decreases in interpersonal anxiety of behavioral and subjective measures Furthermore, the improvements evident at posttreatment were maintained according to follow-up assignments conducted 12 weeks later. These findings appear to support the efficacy of the behavioral self-management training approach for promoting social-effectiveness skills within the context of a college course. Further research is required to identify the effective components, to clarify the mechanisms involved, and to improve strategies for enhancing behavior change once the formal program is concluded. (Author)

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BEHAVIORAL SELF-MANAGEMENT OF SOCIAL-EFFECTIVENESS SKILLS: ASSERTION, AND INVOLVEMENT

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This is a summary of a paper presented at the December, 1977 National Convention of the Association for Advancement of Behavior Therapy, Atlanta, Georgia. It is based upon an investigation representing one component of an ongoing experimental project on behavioral self-modification conducted by Dr. A. Robert Sherman with the support of a research grant from the Exxon Education Foundation. A detailed research report with documentation is in preparation. The authors wish to acknowledge their appreciation to Mrs. Ruth Wilson for her skillful and enthusiastic participation as a co-instructor of the social-effectiveness group.

BEHAVIORAL SELF-MANAGEMENT OF SOCIAL-EFFECTIVENESS SKILLS: ASSERTION, AND INVOLVEMENT

The widespread popularity of "self-improvement" books and workshops designed to help promote improved interpersonal skills reflects the prevalence of self-perceived deficiencies in the social area.[1] These deficiencies are sometimes referred to as "sub-clinical": although generally not incapacitating, they impose various limitations on the pursuit of interpersonal goals and sense of well-being, and often represent a central factor in a person's decision to seek counseling. Evidence supporting the clinical application of behavioral procedures to the improvement of interpersonal skills has encouraged attempts within counseling and educational contexts to teach people to self-administer the same procedures. While reports illustrating the success of this approach have encouraged further exploration in this important area, controlled research is necessary to evaluate the actual effects and limitations of self-management counseling. The present report describes such an effort: the controlled investigation of a program of behavioral procedures for the self-management of social-effectiveness skills was evaluated within the context of a university course on principles of behavioral self-modification.

METHOD

Based upon self-rated problem severity and interest in working on specific target behaviors within three areas--social-effectiveness skills, habit responses, and phobic reactions--two target behaviors of comparable severity and interest from two different areas were identified for most students. On a stratified random basis within a counterbalanced design providing for within-person and between-person controls, students were assigned to conduct

a self-modification project on one of the two behaviors while being assessed on both. The projects were conducted during a seven-week period, with behavioral and subjective assessments administered prior to and following that period, as well as twelve weeks later.

Sixteen students (12 females; 4 males) received training and direction in conducting self-modification projects focusing either on improving skills of interpersonal assertion or social involvement, while fourteen other students (11 females; 3 males) with comparable social-effectiveness goals represented controls whose projects focused instead either on improving habit responses or phobic reactions. The social-effectiveness training materials and group sections covered such procedures as monitoring and recording social behavior, analyzing social situations, identifying relevant social-stimulus variables, establishing a hierarchy of personally-challenging social situations emphasizing either interpersonal assertion or social involvement, perceiving vocal and kinesic components of a social response, and formulating response strategies, with detailed directions, examples, exercises, and forms related to the various stages of the program. Also included were modeling, rehearsal, and feedback procedures which employed videotaped recordings to assist in developing effective interpersonal response patterns. An outline of the experimental design and procedure of the social-effectiveness component of the research program is presented in Table 1.

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Insert Table 1 about here.

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RESULTS

As part of the behavioral assessment procedures, subjects were presented individually with a series of videotape-recorded scenes, each involving interpersonal interaction with another person in a structured setting. These

were all dyadic interactions in which the subject was required to react appropriately to the three communications of the person represented on the screen for each scene. Spontaneous responses of the subjects to each of the stages of each scene were videotape recorded. At the time of the behavioral-assessment session, one of three trained observers, who were not informed of subjects' training conditions, viewed each performance on a television monitor and rated the subject's responses to each scene on two dimensions: behavioral competence, and behavioral anxiety. Each dimension consisted of a seven-point rating scale, with competence extending from 0 (no competence) to 6, and anxiety extending from 0 (no anxiety) to -6. There were two "assertion" scenes and two "involvement" scenes repeated on all three testing occasions. The observer ratings were averaged across the four scenes, on each of the two dimensions separately, for each subject. The resulting mean scores for the self-modification and control groups at pretreatment, posttreatment, and follow-up, on the behavioral measures of competence and anxiety, are illustrated in Figure 1.

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Insert Figure 1 about here.

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Comparisons on pretest scores revealed no significant initial differences between self-modification and control subjects either on behavioral competence, or on behavioral anxiety, indicating that the groups were comoarable at the outset. Examination of Figure 1 reveals that self-modification subjects tended to show more improvement from pretreatment to posttreatment than did control subjects. This was true statistically[2] both for behavioral competence (t = 4.92, df = 26, $p < .001$) and for behavioral anxiety (t = 2.02, df = 26, $p <$ .03). Between-group differences continued to be significant as of follow-up on behavioral competence (t = 4.24, df = 23, $p < .001$) but not on behavioral

anxiety (t = 1.21, df = 23, p < .15).

In addition to the observer ratings described above, the videotapes of subject performances at posttreatment and at follow-up were subsequently dubbed onto new videotapes in a randomized fashion and appraised independently by two trained raters employing separate scales for vocal and kinesic components within both the competence and anxiety dimensions. Statistical analyses of the averaged ratings across scenes revealed the same basic between-group differences noted above: self-modification subjects were significantly higher in behavioral competence (t = 2.03, df = 26, p < .03) and lower in behavioral anxiety (t = 3.43, df = 26, p < .002) than control subjects at posttreatment. While the same trends still obtained at follow-up, the differences were no longer statistically significant.

With regard to subjective appraisals of improvement in social effectiveness, there were three primary measures. One was a 60-item Social Effectiveness Questionnaire which was administered on each of the three assessment occasions. Each item described a social situation with an appropriate "involvement" (30 items) or "assertive" (30 items) course of action, and the subject was required to indicate whether the indicated course of action would be taken with ease (0 points), with difficulty (1 point), or not at all (2 points). The mean scores for the self-modification and control groups at pretreatment, posttreatment, and follow-up, on the total Social Effectiveness Questionnaire score, are illustrated in Figure 2. The apparent superiority of the self-

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Insert Figure 2 about here.

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modification subjects was statistically significant for improvement from pretreatment to posttreatment (t = 1.94, df = 26, p < .04) and approached significance for improvement from pretreatment to follow-up (t = 1.56, df = 25,

$p < .07$).

On the second subjective measure, the Assertiveness Schedule, self-modification subjects reported significantly more improvement than control subjects. This was true from pretreatment to posttreatment (self-modification mean change = 12.44, control mean change = 2.93, $t = 1.85$, $df = 26$, $p < .04$) and from pretreatment to follow-up (self-modification mean change = 17.53, control mean change = 3.85, $t = 1.92$, $df = 24$, $p < .04$). (See Figure 3.)

The third subjective measure was a direct rating of the extent to which subjects felt that their social effectiveness had improved from pretreatment to posttreatment. On a 1-to-10 scale which ranged from "not at all" through "moderately" to "very much" improved, the mean score was 6.68 for self-modification subjects and 3.57 for control subjects. This difference was highly significant ($t = 4.14$, $df = 28$, $p < .001$). It is also worth noting that 15 of the 16 self-modification subjects rated themselves as at least "moderately" improved on their specific target behavior, assertion or involvement.

Data analyses were also conducted on certain measures differentially for the assertion and involvement components, on behavioral competence and behavioral anxiety in connection with two novel scenes presented at posttreatment, on the percentage of desired improvement which was actually achieved according to the Social Effectiveness Questionnaire, on the percentage of hierarchy situations mastered by the self-modification subjects, on behavioral change assessed separately along vocal and kinesic dimensions, and on various peripheral questionnaire measures.

DISCUSSION

Multidimensional assessments were employed to evaluate the effects of a program of behavioral procedures for the self-management of social-effectiveness skills. Self-modification subjects received training and direction in conducting social-effectiveness projects focusing either on improving skills

of interpersonal assertion or social involvement, while control subjects with comparable social-effectiveness goals instead conducted projects concerned with improving habit responses or phobic reactions. Compared to control subjects, self-modification subjects showed substantially greater increases in social-effectiveness skills and decreases in interpersonal anxiety on behavioral and subjective measures. Furthermore, the improvements evident at posttreatment were maintained according to follow-up assessments conducted twelve weeks later. These findings support the efficacy of the behavioral self-management training approach for promoting social-effectiveness skills within the context of a college course. They also provide encouragement for attempting similar self-management training programs within other group-counseling contexts.

While the results support the overall social-effectiveness training program, the study provided no opportunity for assessing objectively the differential contributions of the various components. It was not possible to ascertain the relative values of learning to discriminate relevant social-stimulus variables, learning to monitor the performance and affective features of social responses, or learning to formulate and rehearse strategies for responding effectively in future social situations. Favorable evaluation of a complex intervention is a logical prerequisite to analysis of the component features. Now that there is controlled evidence to support the efficacy of the overall social-effectiveness training program, further research is required to identify the effective components, to clarify the mechanisms involved, and to improve strategies for enhancing behavior change once the formal program is concluded.

REFERENCES

Rathus, S. A. A 30-item schedule for assessing assertive behavior. Behavior Therapy, 1973, 4, 398-406.

Rotter, J. B. Generalized expectancies for internal versus external control of reinforcement. Psychological Monographs, 1966, 80, 1-28.

FOOTNOTES

1. Peripheral literature documentation has been omitted in this summary paper.

2. One-tailed probability levels are reported for comparisons involving directional hypotheses.

TABLE 1

Basic Experimental Design and Procedure

Pretreatment Evaluation. (1) Problem Questionnaire, for identifying problem severity and interest in working on specific target behaviors. (2) Internal-External Scale (Rotter, 1966). (3) Assertiveness Schedule (Rathus, 1973). (4) Social Effectiveness Questionnaire, for assessing difficulty in dealing appropriately with situations requiring interpersonal assertion or social involvement. (5) Behavioral measurements: ratings of behavioral competence and behavioral anxiety evidenced in subjects' spontaneous responses in dyadic interactions involving structured interpersonal scenes presented via videotape.

Experimental Design.

Target Behavior	Self-Modification subjects	Control subjects
Interpersonal Assertion	n = 10	n = 8
Social Involvement	n = 6	n = 6
Total	N = 16	N = 14

Note: The sample sizes represent participating male and female students on whom evaluation data was obtained.

Self-Modification Treatment Period. During the seven-week treatment period, in addition to readings and class meetings associated with other features of the course, there were scheduled sixteen 50-minute meetings of the social-effectiveness group as well as of the habit-management and phobic-management groups (some participants in which constituted social-effectiveness controls). The social-effectiveness training materials and group sections covered such procedures as monitoring and recording social behavior, analyzing social situations, identifying relevant social-stimulus variables, establishing a hierarchy of personally-challenging social situations emphasizing either interpersonal assertion or social involvement, perceiving vocal and kinesic components of a social response, and formulating response strategies, with detailed directions, examples, exercises, and forms related to the various stages of the program. Also included were modeling, rehearsal, and feedback procedures which employed videotaped recordings to assist in developing effective interpersonal response patterns.

Posttreatment Evaluation. (1) Social Effectiveness Questionnaire. (2) Behavioral measurements. (3) Problem Questionnaire. (4) Internal-External Scale. (5) Assertiveness Schedule. (6) Program Questionnaire, providing for evaluation of the various components of the social-effectiveness program. (7) Specific Target Behavior Questionnaire, for self-ratings of change in specific behaviors, including the target behavior. (8) Anonymous Questionnaire, for students to indicate the extent to which they believe any measure they received may have given a distorted picture of their target behavior.

Follow-Up Evaluation. Approximately twelve weeks after posttreatment evaluation: (1) Social Effectiveness Questionnaire. (2) Behavioral measurements. (3) Problem Questionnaire. (4) Internal-External Scale. (5) Assertiveness Schedule.

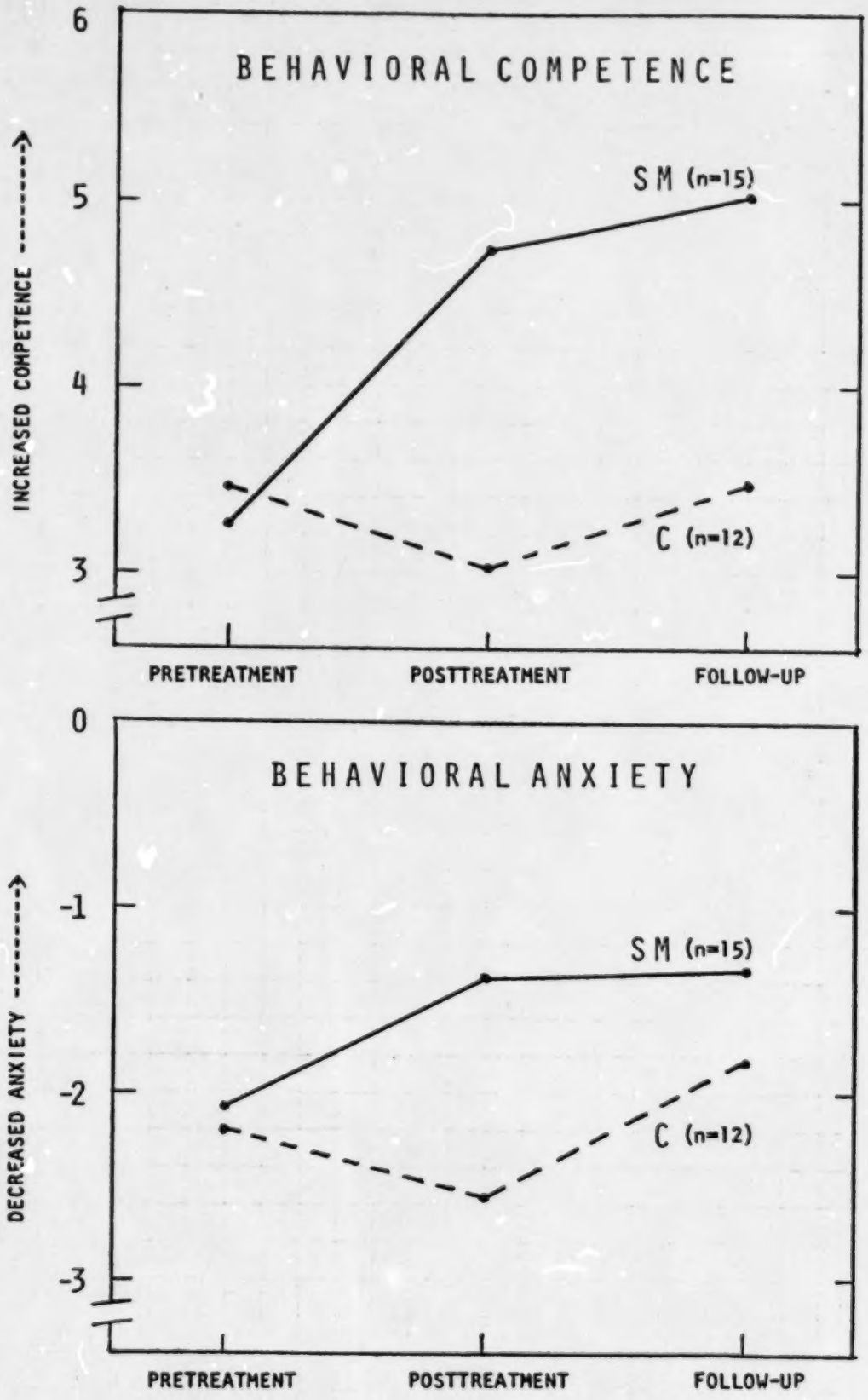

FIG. 1. Pretreatment, posttreatment, and follow-up means for the self-modification (SM) and control (C) groups on the social-effectiveness measures of Behavioral Competence and Behavioral Anxiety. [Note: The group means represent only subjects for whom data was obtained at all three evaluation times.]

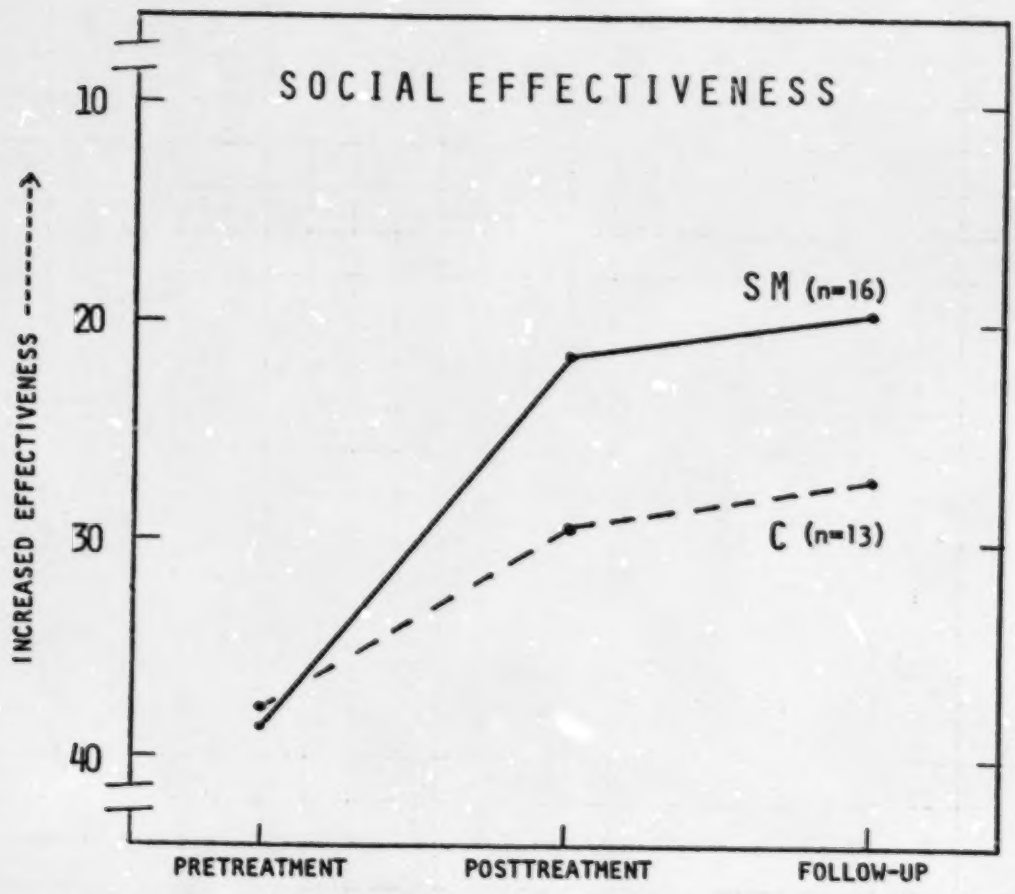

FIG. 2. Pretreatment, posttreatment, and follow-up means for the self-modification (SM) and control (C) groups on the Social Effectiveness Questionnaire. [Note: The group means represent only subjects for whom data was obtained at all three evaluation times.]

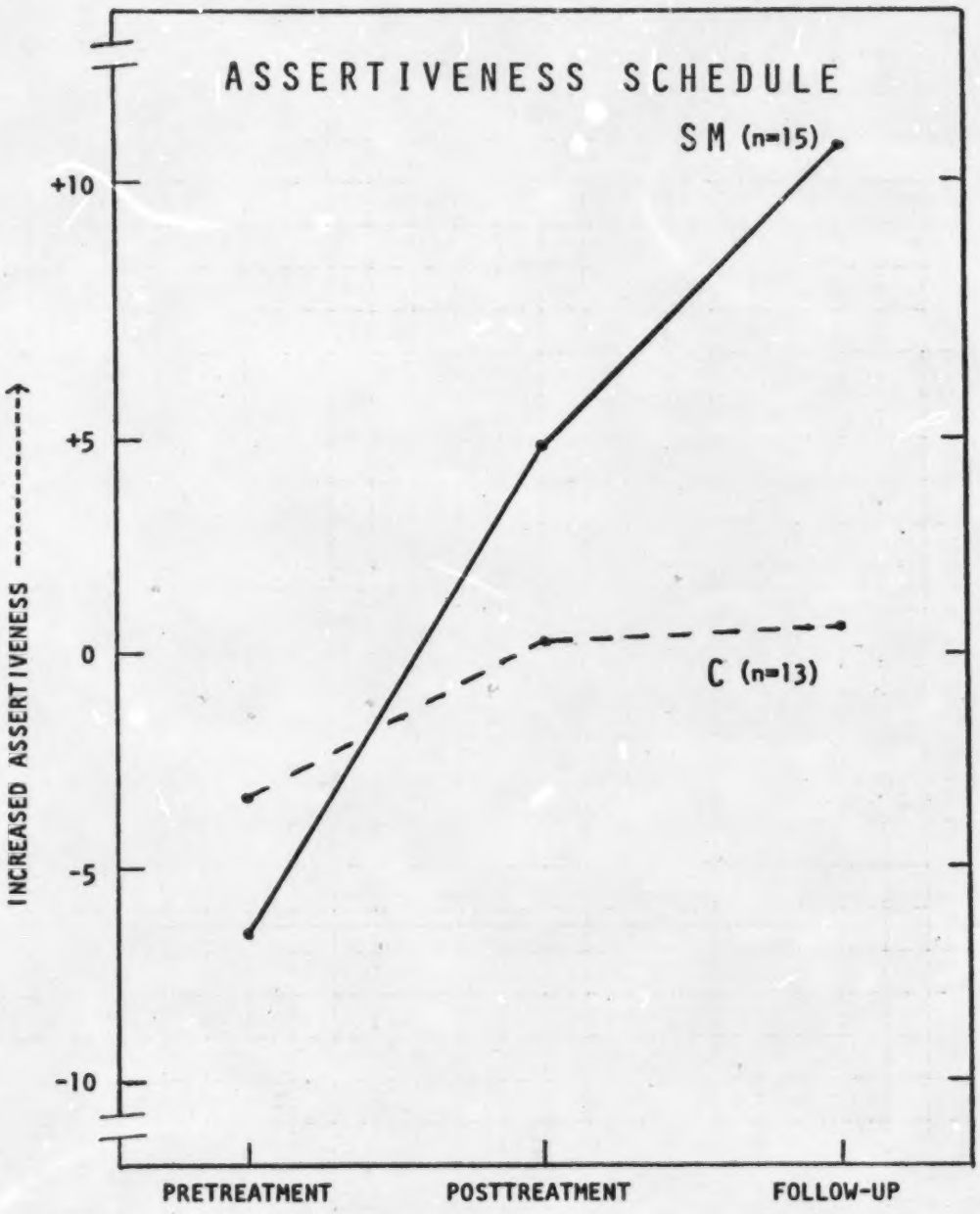

FIG. 3. Pretreatment, posttreatment, and follow-up means for the self-modification (SM) and control (C) groups on the Assertiveness Schedule. [Note: The group means represent only subjects for whom data was obtained at all three evaluation times.]

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August 9, 1979

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Gentlepersons:

Enclosed please find two reproducible copies and an abstract of each of two papers of mine which were presented at professional conferences of the American Psychological Association, and the Association for Advancement of Behavior Therapy, in accordance with your requests.

I am sorry for the delay in responding to your letters seeking these materials for inclusion in the ERIC/CAPS educational research dissemination system. The fact that I have continued to receive inquiries for these papers convinced me that it would be desirable to have them available through your national ERIC system.

Please let me know if any further information is required.

Thank you.

Sincerely,

A. Robert Sherman, Ph.D.
Associate Professor of Psychology

ARS:lt

enclosures

Note: Neither of these papers has yet been prepared for possible publication in professional journals, although that is something I may pursue in the future.